

Agency Name: Sample Agency
 Grant Number: 04-488733
 Quarter/Year: 2nd Quarter, FY 2004-05

OFP Teen Pregnancy Prevention (TPP) Program Clinical Linkage Activity Form

1. Check (with an "X") all activities where TPP participants were informed about Family PACT services.*

Type of Activity	Current Qtr	Year to Date	Type of Activity	Current Qtr	Year to Date
Academic Tutoring			Peer Education		
Community Forums/Events			Mentoring		X
Cultural Activities			Recreational Activities		
Curriculum-Based Learning	X	X	School Assembly		
Field Trips/Retreats			Discussion/Support Group, Circulo		
Group Presentation		X	Rap Sessions		
Health Fairs	X	X	Volunteer Services		
Job Readiness & Training			Parent Education Events		
Leadership Development			Advisory Committees		
Media (brochures, PSAs)	X	X	Staff Development Trainings		
Presentations to Outside			Outreach		X
Teen Theater Presentations			Other: _____		
TOTAL NUMBER OF ACTIVITIES WHERE FAMILY PACT SERVICES WERE DISCUSSED (Sum of the "X" boxes in the table)				3	6

*Information about Family PACT services may include, but is not limited to, clinic tours, description of a typical family planning visit and exams, distribution of a list of clinics where teens can go to receive family planning services, information about parental consent laws and confidentiality, etc. Information can be presented in a one-on-one or group setting, in a written or oral format.

2. How many TPP participants were informed* about or referred to Family PACT services?**

Family PACT Information, Referrals and Providers	Current Qtr	Year to Date
Number of female participants informed about Family PACT services	75	155
Number of male participants informed about Family PACT services	125	235
Number of female participants referred to a Family PACT provider/clinic	18	29
Number of male participants referred to a Family PACT provider/clinic	10	16
Number of female participants who used Family PACT services	7	13
Number of male participants who used Family PACT services	0	3
Number of Family PACT providers/clinics your program formally collaborated/linked with	2	3

* *Informed about Family PACT Services* means that Family PACT services were discussed in a TPP activity.

** *Referred to* is defined as directing (providing a phone number, address, making an appointment) a participant in need of clinical family planning services to a Family PACT provider (either onsite, within your agency, or to an outside provider).

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3. How many TPP participants have you served in all your activities?

NOTE: The number of participants should be consistent with the appropriate reporting form used by your Project (i.e., I/O form or OSR Form).

Overall Numbers of Participants	Current Qtr		Year to Date	
	Males	Females	Males	Females
Ages <11	0	0	0	0
Ages 12-14	40	85	120	165
Ages 15-19	35	35	35	65
Ages 20+	0	25	0	25
TOTAL	75	145	155	255